

NOTICE OF INTENT (NOI)
Kansas Water Pollution Control General Permit & Authorization to Operate
A Non-Overflowing Wastewater Treatment System for a
Hydrodemolition/Hydroblasting Project

NOTE: Completion of this NOI does not provide automatic coverage under the general permit. Coverage begins on the effective date of the permit which will be issued by KDHE. ONLY COMPLETE APPLICATIONS CAN BE PROCESSED. **Please Print or Type.**

I. PROPOSED PERMITTEE/PROJECT

- A. Permittee's Name: _____
- B. Mailing Address: _____
- C. City: _____ State: _____ Zip: _____
- D. Project Name: _____
- E. Address: _____
- F. City: _____ State: _____ Zip: _____
- G. Contact Person: _____
- Phone # _____ Fax # _____
- H. Project Legal: _____ ¼, Section _____, Township _____ S, Range _____ E/W, County _____

II. PROJECT INFORMATION

- A. Anticipated Start Date: _____ Completion Date: _____
- B. Source of water supply: _____
- C. Method of collection of wastewater:
1. If in-ground basins: Number of basins: _____
- Size of Basin 1: _____
- Size of Basin 2: _____
- Method of sealing: _____
- Capacity of all basins allowing 2 feet free board: _____ gallons
2. Other Collection Method, describe _____
- D. Average quantity of wastewater generated in gallons per day: _____
- E. Method of disposal of wastewater:
- Land Application Q Y; Ship to POTW Q Y; Other _____
1. IF LAND APPLICATION: Include a map of the land application area showing total area available for application, buffer zone of 100' to property line, 500' to any residence and 200' to any water wells or streams.
- Application Site Legal: _____ ¼, Section _____, Township _____ S, Range _____ E/W, County _____
- Method of land application: _____

2. If Shipped to POTW: Give name and address of the POTW: _____

3. If Other Method, describe _____

F. Is this project located on Indian Lands? Q Y; Q N, If yes, no coverage under this general permit is allowed.

G. Are there any known soil contamination areas which will be disturbed by this project? Q Y; Q N
If yes, KDHE will determine if this project/land application site can be covered under this general permit. If coverage can not be granted under this general permit, an individual permit will be required.

H. Are any threatened or endangered species, species in need of conservation, or their critical or crucial habitats known to be present near the site? Q Y; Q N
Call the Kansas Department of Wildlife and Parks (KDWP) at (316) 672-5911 for assistance in this determination. If yes, KDHE, with input from KDWP, will determine if this project/land application site can be covered under this general permit. If coverage can not be granted under this general permit, an individual permit will be required.

I. Describe method of closure of the basins: _____

J. Maps: Attach appropriate map(s) showing the project and land application site(s) if applicable.

III. ANNUAL FEE

Enclose a check for the first year of the annual fee (current fee is \$60.00) specified in K.A.R. 28-16-56 et seq. as amended (Make the check payable to "KDHE-Water Pollution Control Permit"). **APPLICATIONS SUBMITTED WITHOUT PERMIT FEE ARE INCOMPLETE AND WILL NOT BE PROCESSED UNTIL THE FEE IS PAID.**

IV. COORDINATION WITH OTHER STATE AND LOCAL AGENCIES

The applicant is aware and responsible for compliance with the requirements of the Kansas Nongame and Endangered Species Conservation Act relating to the protection of threatened or endangered species, species in need of conservation, or their critical or crucial habitats under K.A.R. 115-15-1 and K.S.A. 32-957 to 963, 32-1009 to 1012 and 32-1033; sites listed or eligible for listing on the National Register of Historic Places which are likely to be adversely affected; water appropriation from Kansas Department of Agriculture - Water Resources Division; and any other appropriate and applicable federal, state and local government laws.

V. APPLICANT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on the inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I also certify that I am authorized to sign this application for the applicant named herein.

Signature

Date

Name and Official Title (Please Print)

VI. SEND COMPLETED FORM AND ANNUAL FEE TO:

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF WATER - TECH SERVICES
FORBES FIELD - BUILDING 283
TOPEKA, KS 66620